

Consolidated Background Information

Outcomes and Performance Measures Committee Meeting #1

I. SF 2315-(Enrolled Version)

Sec. 25. Regional Service System – Outcomes and Performance Measure Committee (p. 21)

1. The Department of Human Services shall establish an outcomes and performance measure committee to make recommendations for specific outcomes and performance measures to be utilized by the mental health and disability services regional service system. The membership of the committee shall include appropriate stakeholders designated by the Director of Human Services in consultation with the chairpersons and ranking members of the committees on human resources of the senate and house of representatives and other members of the general assembly identified by the majority or minority leader of the senate or the speaker or minority leader of the house of representatives. In addition, the membership shall include four members of the general assembly with one each appointed by the majority and minority leader of the senate and the speaker and minority leader of the house of representatives.

2. The committee's recommendations shall incorporate the outcome measurement methodologies previously developed by the mental health and disability services commission. To the extent possible, the committee shall seek to provide outcome and performance measures recommendations that are consistent across the mental health and disability services populations addressed. The committee shall also evaluate data collection requirements utilized in the mental health and disability regional service system to identify the requirements that could be eliminated or revised due to the administrative burden involved or the low degree of relevance to outcomes or other reporting requirements.

3. The committee recommendations shall be submitted to the Governor, general assembly, and policymaking bodies. Initial recommendations shall be submitted on or before December 14, 2012 and final recommendations on or before December 16, 2013.

The mental health and disability services commission and other policymaking bodies shall consider the recommendations in eliminating or otherwise revising data collection requirements.

MHDS Administrator duties: (p. 2-3)

- c) Emphasize the provision of evidence-based outpatient and community support services by community mental health centers and local mental retardation providers as a preferable alternative to acute inpatient services and services provided in large institutional settings.
- j) Establish and maintain a data collection and management information system oriented to the needs of patients, providers, the department, and other programs or facilities. The system shall be used to identify, collect, and analyze service outcome data in order to assess the effects of the services on the persons utilizing the services. The administrator shall annually submit to the commission information collected by the department indicating the changes and trends in the disability services system. The administrator shall make the outcome data available to the public.

- u) Enter into performance-based contracts with regional administrators as described in section 331.438C. A performance-based contract shall require a regional administrator to fulfill the statutory and regulatory requirements of the regional service system under this chapter and chapter 33f. A failure to fulfill the requirements may be addressed by remedies specified in the contract, including but not limited to suspension of contract payments or cancellation of the contract. The contract provisions may include but are not limited to requirements for the regional service system to attain outcomes within a specified range of acceptable performance in any of the following categories:
- Access standards for the required core services.
 - Penetration rates for serving the number of persons expected to be served.
 - Utilization rates for inpatient and residential treatment.
 - Readmission rates for inpatient and residential treatment.
 - Employment of the persons receiving services.
 - Administrative costs.
 - Data reporting.
 - Timely and accurate claims processing.

Targeted Case Management (p. 8-9)

- The rules (for targeted case management) shall also include but are not limited to all of the following relating to targeted case management and service coordination services:
(1) Performance and outcome measures relating to the health, safety, work performance, and community residency of the persons receiving the services.

II. **Interim Report to the Department of Human Services-October 31, 2011**

Iowa Olmstead Principles (p.4)

A life in the Community for Everyone

- **Public awareness and inclusion**...Iowans increasingly recognize, value, and respect individuals with mental illness or disabilities as active members of their communities.
- **Access to services and supports**....Each adult and child has timely access to the full spectrum of supports and services needed.
- **Individualized and person-centered**....Communities offer a comprehensive, integrated, and consistent array of services and supports that are individualized and flexible.
- **Collaboration and partnership in building community capacity**....State and local policies and programs align to support the legislative vision of resiliency and recovery for Iowans with mental illness, and the ability of Iowans with disabilities to live, learn, work, and recreate in communities of their choice.

- **Workforce and Organizational Effectiveness**....Investing in people through appropriate training, salary and benefits improves workforce and organizational effectiveness.
- **Empowerment**....Communities recognize and respect the ability of people (1) to make informed choices about their personal goals, about the activities that will make their lives meaningful, and about the amounts and types of services to be received; and (2) to understand the consequences and accept responsibility for those choices.
- **Active Participation**....Individuals and families actively participate in service planning; in evaluating effectiveness of providers, supports and services; and in policy development.
- **Accountability and results for providers**....Innovative thinking, progressive strategies and ongoing measurement of outcomes lead to better results for people.
- **Responsibility and accountability for government**....Adequate funding and effective management of supports and services promote positive outcomes for Iowans.

ID/DD Workgroup Consensus Recommendations for Outcome Measurement (p. 37-38)

- Measurement and monitoring of the performance of services and supports should be premised to a significant degree on the achievement of positive outcomes for individuals and families. Current monitoring processes should be reviewed to ensure that what is being measured is consistent with these outcomes.
- Data regarding the performance of providers, regions as well as the state ID/DD system should be aggregated and reported and made public to stakeholders across the state. This should include information from the Iowa Participant Experience Survey, case management profiles, provider reviews, and incident management systems. This recommendation recognizes that the discovery processes noted do not necessarily cover all individuals with ID/DD in all settings but DHS should begin to work with the data that it currently has and plan for the expansion of performance data over the next few years. This work should be done in conjunction with the development of regional quality assurance functions. DHS should be allocated staff resources to build and maintain this capability.
- DHS should also be allocated staff resources to review and analyze data across systems (Department of Inspections and Appeals, county, school, and DHS), identify trends, and develop quality improvement strategies. DHS should develop a quality improvement committee that looks at data across discovery processes to develop a holistic view of the performance of the system. This same capacity should be developed at the regional level.
- In collaboration with the provider association, DHS should work to develop more standardized and consistent family and individual satisfaction surveys that are based on

those surveys currently being circulated by individual providers. A standardized satisfaction survey should be based on the consolidated quality of life measures developed by the redesign workgroups.

Consolidated Workgroup Recommendations on Global Outcomes (pgs. 20-21)

System Outcomes

The Iowa Mental Health and Disability Services system should:

- Help Iowans increasingly recognize, value, and respect individuals with mental illness and/or disabilities as active members of their communities.
- Provide each adult and child with timely access to the full spectrum of supports and services needed, including for those who have co-occurring disabilities.
- Offer a comprehensive, integrated, and consistent array of services and supports that are individualized, person-centered, flexible and culturally informed.
- Ensure that state and local policies and programs align to support the legislative vision of resiliency and recovery for Iowans with mental illness, and the ability of Iowans with disabilities to live, learn, work, and recreate in communities of their choice, thereby reducing Iowa's current reliance on high-cost institutional settings.
- Invest in people through appropriate training, salary and benefits to improve workforce and organizational effectiveness.
- Recognize and respect the ability of people (1) to make informed choices about their personal goals, about the activities that will make their lives meaningful, and about the amounts and types of services to be received; and (2) to understand the consequences of, and accept responsibility for, those choices.
- Ensure that individuals and families actively participate in service planning; in evaluating effectiveness of providers, supports and services; and in policy development.
- Encourage the use of innovative thinking and progressive strategies that lead to better results for people.
- Provide adequate and flexible funding and cost effective management of supports and services that promote positive outcomes for Iowans.
- Ensure that children and adults receive the necessary services and supports to achieve their optimal educational potential.

Individual Outcomes

- People make choices about their lives including with whom and where they live.
- People have support to participate in their communities.
- People have friends and relationships.
- People have support to find and maintain competitive, community integrated employment.
- People have transportation to get them where they need to go.
- People are safe from abuse, neglect, restraint, seclusion, injury and coercive interventions
- People receive the same respect and protections as others in the community.

- People secure needed health services and are supported to maintain healthy habits.
- People's treatment, including medications, is managed effectively and appropriately.
- People receive information about their disability and the services and supports they need in easily understood language.
- People are actively engaged in planning their services and supports.
- People are supported to be self-determining and to manage and direct their own services.
- People are supported to advocate for themselves.
- People have timely access to services and supports in the community that aid in preventing and resolving crises in a least restrictive, person/family-centered and minimally disruptive manner.
- People receive the necessary services and supports to achieve their optimal educational potential.

Family Outcomes

- Families have equal access to needed services and supports, including crisis intervention and respite, regardless of where they live and the nature of their family member's disability.
- Families receive accurate and accessible information and counseling regarding the nature of their family member's disability and relevant services and community resources.
- Family voice is sought and choices are respected and considered by the family-inclusive service team
- Families have the information and support necessary to assist in the development of a plan for their family member.
- Families that choose to self-direct flexible budgets can do so (for families with children).
- Families receive supports necessary to keep the family together.
- Families get the services and supports they need to make a positive difference in their lives and the life of their family member with a disability.
- Families use integrated community services and participate in everyday community activities.
- Families are supported to maintain connections with and participate in the treatment of family members with disabilities not living at home.
- Families have a primary decision-making role in the care of their (dependent) children, as well as the policies and procedures governing care for all children.
- Families are given accurate, understandable, and complete information necessary to set goals and to make informed decisions and choices about the right services and supports for (dependent) children and their families.

III. **DHS Final Report (December 9, 2011)**

Outcome and Performance Measures (p. 9)

The workgroups agreed to the following:

- Performance measures are integral to the success and accountability of the service system;
- Outcome and performance measures must be established and tied to individual and family outcomes;
- Provider performance data must be reported directly to the state and then shared with the Regions and providers;
- Performance data should be aggregate and public; and
- A Performance Measures Workgroup must be established to further this work.